



## Clinical Mentor Record Form

This form is to be completed by Mentors as a record of mentoring completed

Mentor Name: \_\_\_\_\_ Mentor's Qualification: \_\_\_\_\_

**A mentor cannot provide mentoring for a student/practitioner above the mentor's level of qualification.**

**Please ensure that the following items are discussed for all mentoring sessions:**

1. Evaluation and review of the kinesiology balance (from the student/practitioner)
2. What modalities were used, e.g. Touch For Health, Brain Gym, LEAP
3. What went well?
4. What could be improved?
5. What difficulties were faced?
6. Did the client feel/notice a difference? (using the scale 0-10 before and after the balance)
7. Any other feedback from the client?
8. Questions from Student/Practitioner
9. Evaluation of Student's/Practitioner's ability in the modalities used

**See next page for responsibilities of the Mentor and Student/Practitioner.**

### **Mentor Responsibilities**

1. The Mentor's form records of the mentoring session must match the Student/Practitioner's records.
2. The Mentor **must not** mentor anyone **above** their own qualification level.
3. ***The Mentor must ensure that they keep a separate record of the information discussed in the mentoring session for auditing purposes, outlining the questions above and their outcomes/answers.***
4. The Mentor must ensure that they cover **all** the questions listed above (minimum) in a mentoring session.

### **Student/Practitioner Responsibilities**

1. Your records of your mentoring session (on the attached spreadsheet) must match your Clinical Mentor's records.
2. Ensure that your mentor is qualified (as per Supervised Clinic and Mentoring Guidelines) at or above your level. For example:
  - a. If you are a student, your mentor can be:
    - i. Qualified at Certificate IV in Kinesiology, Level 1 Practitioner, Level 4 Practitioner – all with 5 years clinical practice or above; or
    - ii. A Clinical Supervisor
  - b. If you are a Level 1 Practitioner, your mentor can be:
    - i. Qualified at Certificate IV in Kinesiology, Level 1 Practitioner, Level 4 Practitioner – all with 5 years clinical practice or above; or
    - ii. A Clinical Supervisor
  - c. If you are a Level 2 Practitioner, your mentor can be:
    - i. Qualified at Diploma in Kinesiology, Level 2 Practitioner, Level 5 Practitioner – all with 2 years clinical practice or above; or
    - ii. A Clinical Supervisor
  - d. If you are a Level 3 Practitioner, your mentor can be:
    - i. Level 3 Practitioner or Level 6 Practitioner; or
    - ii. A Clinical Supervisor
3. As per the Supervised Clinic and Mentoring Guidelines, the student/practitioner is required to conduct kinesiology sessions for a minimum of 40 clients, 10 of whom must be seen for a minimum of three (3) sessions. These clients must include both males and females of varying ages with various presentations.
4. ***It is the responsibility of the student/practitioner to keep records of the mentoring discussions for auditing purposes, outlining the questions above and their outcomes/answers.***

**Please note: These hours are strictly for kinesiology balances performed on members of the general public and not student to student practice.**

Mentor Name: \_\_\_\_\_ Mentor Signature: \_\_\_\_\_ Qualification: \_\_\_\_\_

Date (of Mentoring session)	Allocated time for mentoring session	Student/ Practitioner Name	Student/ Practitioner Signature	Kinesiology Balance Details Date, Client ID*, Modalities used <small>*For confidentiality reasons, please use a code to identify your client</small>	How was mentoring performed e.g. Skype, Face to Face, Phone Consultation etc.	# Hours Mentored (Time taken to perform balance)	Record of mentoring session (kept for audit purposes)
7/11/15	30 minutes	Jenny Brown	<i>JBrown</i>	22/10/15, B.A., TFH	Face to Face	1 hour	Yes
7/11/15		Jenny Brown	<i>JBrown</i>	23/10/15, Client #1, Brain Gym	Face to Face	1.5 hours	Yes
15/11/15	15 minutes	Bruce Hicks	BHicks	14/11/14, Springwood, Chakra balance	Phone	1 hour	Yes

Mentor Name: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Qualification: \_\_\_\_\_

Date (of Mentoring session)	Allocated time for mentoring session	Student/ Practitioner Name	Student/ Practitioner Signature	Kinesiology Balance Details Date, Client ID*, Modalities used <i>*For confidentiality reasons, please use a code to identify your client</i>	How was mentoring performed e.g. Skype, Face to Face, Phone Consultation etc.	# Hours Mentored (Time taken to perform balance)	Record of mentoring session (kept for audit purposes)

**Total Hours Mentoring Provided**

Please print off extra forms as required

